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Substitute for form 1449/PTO			Complete if Known			
			Application Number			
INFORMA	TION DE	SCLOSURE	Filing Date	October 12, 2004		
			First Named Inventor	Pavel KOULIK		
STATEMENT BY APPLICANT (Use as many sheets as necessary)			Art Unit			
			Examiner Name			
eet 1	of	2	Attorney Docket Number	16792-10		

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Examiner Initials*	Cite No.1			Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages		
		Country Code ³ "Number ⁴ "Kind Code ⁵ (if known)	MM-DD-YYYY		Or Relevant Figures Appear	T ⁶	
		WO 99 46964 A	09-16-1999	Begounov			
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

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Complete if Known

of Sheet **U. S. PATENT DOCUMENTS** Pages, Columns, Lines, Where Examiner Cite Publication Date Name of Patentee or **Document Number** MM-DD-YYYY Applicant of Cited Document Relevant Passages or Relevant Initials* Number-Kind Code² (# known) Figures Appear US-US-US-US-US-US-US-US-US-US-ÚS-US-US-US-US-HS-US-US-US-

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